

Express Mail Label No. EV680560325USPlease type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)

Approved for use through 9/30/00.

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	APA-PT008
	First Named Inventor	Pimental et al.
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	Not Yet Known
	Group Art Unit	Not Yet Known
	Examiner Name	Not Yet Known

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROCESS OF INERTIZATION (DAMPENING) OF STEEL MAKING SLAG FOR ECONMICAL REUSE

the specification of which (Title of the invention)

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY): as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY): (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 355(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			YES	NO
PI 0306767-0	Brazil	10/16/2003	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 1)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. 1450, Alexandria, VA 22313-1450.

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0551-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/E2B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 3624 OR ☐ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

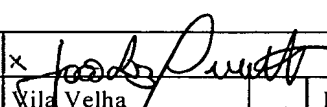
Name	Registration Number	Name	Registration Number
Stephen B. Schott	51,294		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/E2C attached hereto.

Direct all correspondence to: ☒ Customer Number 3624 OR ☐ Correspondence address below

Name	VOLPE AND KOENIG, P.C.				
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1931 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle if any)		Family Name or Surname			
João Luiz		Pimentel			
Inventor's Signature				Date	
Residence: City	Vila Velha	State	ES	Country	Brazil
Post Office Address	Rua Mário Almeida 24/Itapoã				
Post Office Address					
City	Vila Velha	State	ES	ZIP	29101-752
				Country	Brazil

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)

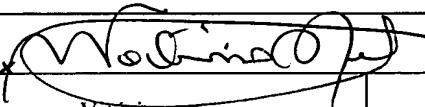
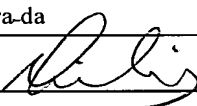
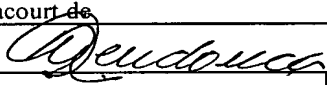
Approved for use through 10/31/2002.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Marco Valério de Almeida Melo e		Silva	
Inventor's Signature 		Date	
Residence: City	Vitória	State	ES
Country	Brazil	Citizenship	BR
Mailing Address - Rua José de Anchieta Fontana 320, Apto 403, Jardim Camburi			
Mailing Address			
City	Vitória	State	ES
ZIP	-29090-400	Country	Brazil
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Nocv Oliveira-da		Silveira	
Inventor's Signature 		Date	
Residence: City	Vila Velha	State	ES
Country	Brazil	Citizenship	BR
Mailing Address - Rua Sete 130, Apto 501, Itaparica			
Mailing Address			
City	Vila Velha	State	ES
ZIP	29105-770	Country	Brazil
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Ronaldo Lacourt de		Mendonca	
Inventor's Signature 		Date	
Residence: City	Vila Velha	State	ES
Country	Brazil	Citizenship	BR
Mailing Address - Rua Alda Siqueira Mota 89, Apto 302, Praia da Costa			
Mailing Address			
City	Vila Velha	State	ES
ZIP	29100-420	Country	Brazil

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case.



Please type a plus sign (+) inside this box → ☐

PTO/S5/02A (11-05)

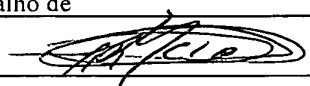
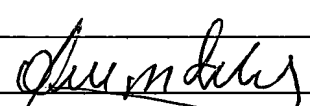
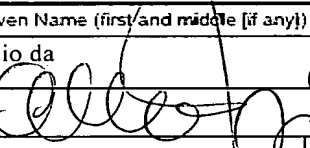
Approved for use through 10/31/2002.

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Marcio Carvalho de		Mendonca	
Inventor's Signature 		Date	
Residence: City	Serra	State	ES
		Country	Brazil
Citizenship BR			
Mailing Address Rua Durmalina 44, Sao Patricio, Jacaraípe			
Mailing Address			
City	Serra	State	ES
		ZIP	29118-480
		Country	Brazil
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
João Oueres		Ouindeler	
Inventor's Signature 		Date	
Residence: City	Vila Velha	State	ES
		Country	Brazil
Citizenship BR			
Mailing Address Rua Olavo Bilac 262, Santa Rita			
Mailing Address			
City	Vila Velha	State	ES
		ZIP	29118-480
		Country	Brazil
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Eudier Antonio da		Silva	
Inventor's Signature 		Date	
Residence: City	Vila Velha	State	ES
		Country	Brazil
Citizenship BR			
Mailing Address Av. Champagnat, 583 ap. 311 Centro			
Mailing Address			
City	Vila Velha	State	ES
		ZIP	29100-012
		Country	Brazil

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case.